

Ida Bell Berry.

Town

County

Died at Greensboro, Caroline Co.,

MARYLAND

Date 189 2 Nov. 26 17. 4 Ind. none
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
 of
 Wife

Father's Name Joseph Berry

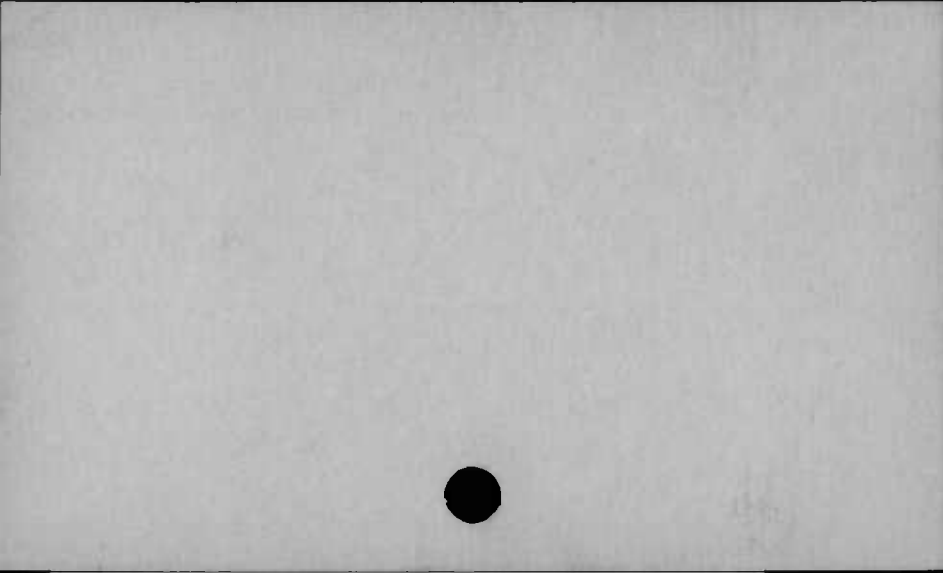
Mother's Name Ann Berry.

Cause of Death { Primary Phthisis How long sick 3 months
 { Immediate Acute Accident, Suicide, Homicide

Reported by H. J. Jeffers, M.D.

Address Greensboro Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

May Brevington
Town

CERTIFICATE OF DEATH

Died at

Federalburg

County

Caroline

MARYLAND

Date

of death 1902

Month

Nov

Day

1

Age

Years

6

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

md

Married, Single
or Widowed

single

Occupation

—

Name of Wife or
Husband

Father's
Name

S D Brevington

Father's
Birthplace

md

Mother's
Maiden Name

Annie Plattis

Mother's
Birthplace

md

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Typhoid

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R Kemp Jefferson

Federalburg md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

X



Name
in
Full

Code

CERTIFICATE OF DEATH

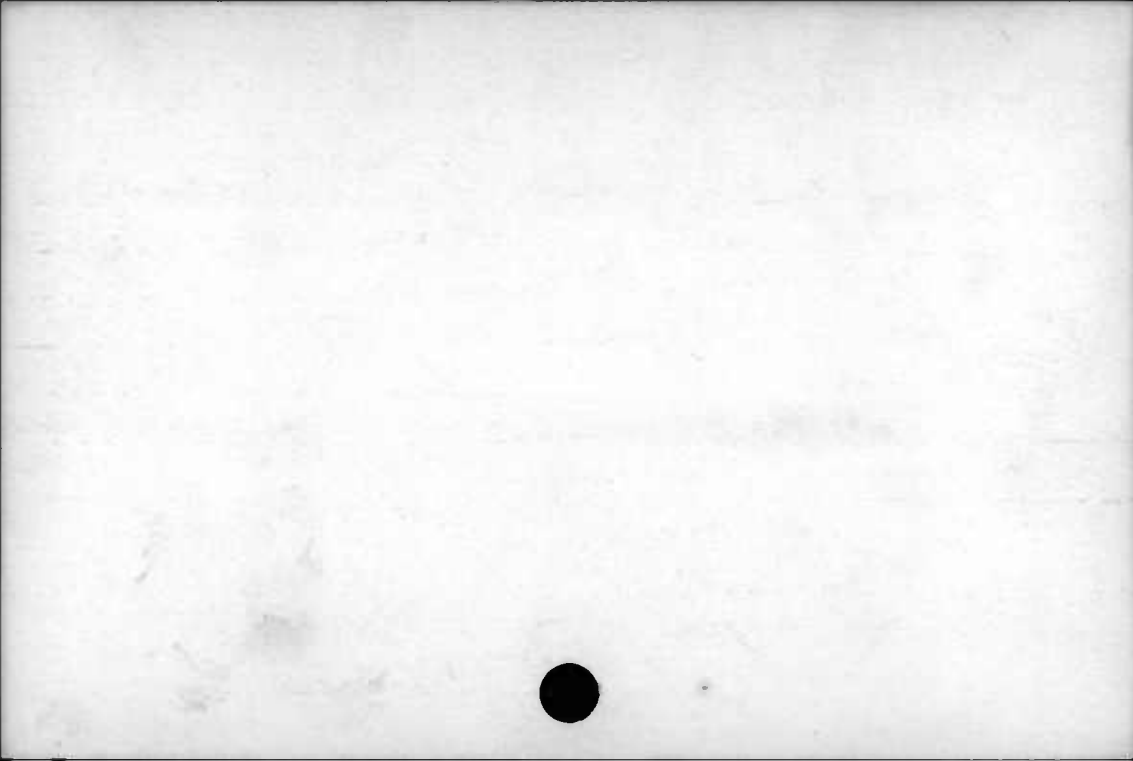
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u> ^{Month}	<u>Nov</u> ^{Day}	<u>21</u> ^{Age}	<u>—</u> ^{Years}	<u>6</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Denton Md</u>			
Married, Single or Widowed <u>—</u>		Occupation <u>None</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Nathan Oade</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Nathan Oade</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	<u>179</u>	How long <u>4</u> ^{months}
Immediate <u>None</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. R. Fisher</u>	
	Address <u>Denton Md</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

Ida Emily Cannon

CERTIFICATE OF DEATH

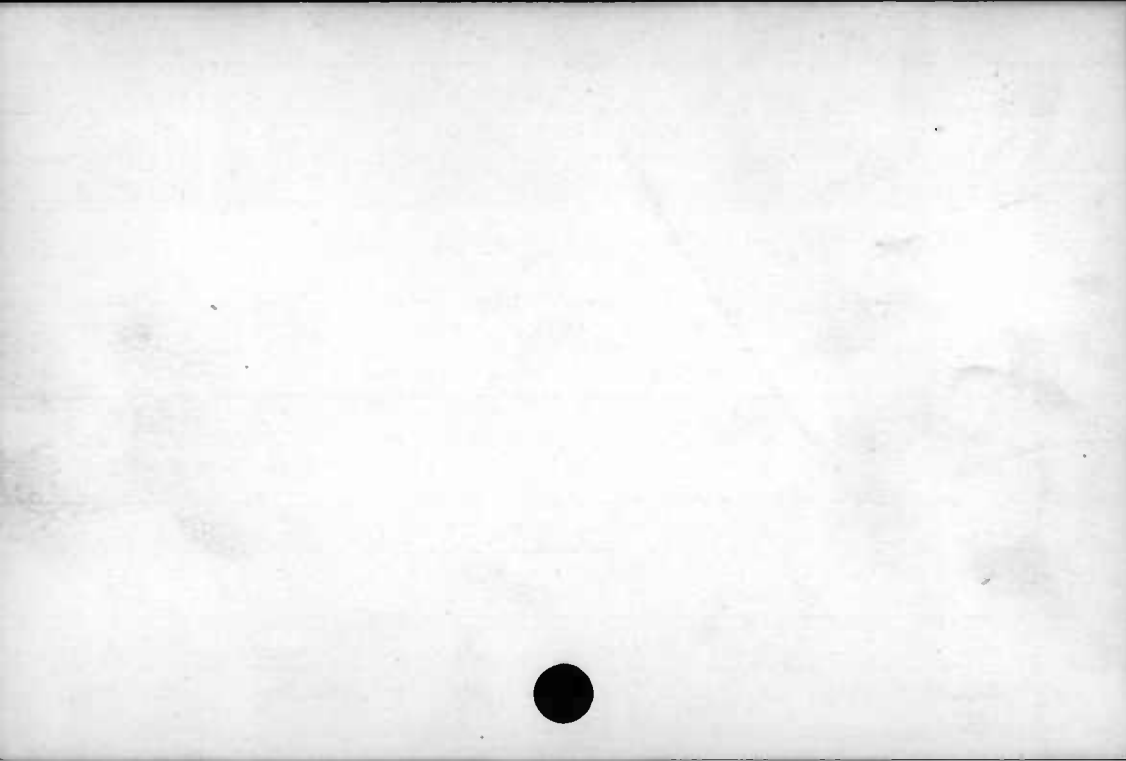
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death 1902	Month <i>Nov.</i>	Day <i>7</i>	Age <i>40</i>	Years <i>9</i>	Months <i>19</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Caroline Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>William F. Cannon</i>					
Father's Name <i>James Chezem</i>			Father's Birthplace <i></i>		
Mother's Maiden Name <i></i>			Mother's Birthplace <i>43</i>		
Name of person giving information <i>Wm F. Cannon</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of breast</i>	How long <i>6 years</i>
Immediate <i>Exhaustion</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Madara</i>
	Address <i>Ridgely Md</i>
Accident or Suicide? <i></i>	



Name in Full

Certificate of Death

Geo. M. Babin
 Town *near Goldsboro* County *Burlington* MARYLAND
 Died at *near Goldsboro*
 Date *1902* Month *11* Day *22* Age *73-7-* Y. M. D. Native of *Md* Occupation *Farmer*
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Number of children living *3*

Husband of *Annie Babin*
 Wife
 Father's Name *James Babin's* Mother's Maiden Name *Rose Stacker*
 Cause of Death { Primary *Heart Disease* How long sick *6 mo*
 { Immediate *79* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Oliver Hammond

Town

County

Died at New Denton

Caroline

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

Nov

21

Age

82

Sex

Male

Color or
Race

White

Birth-
place

Kent Co. Del

Married, Single
or Widowed

Widower

Occupation

Farming

Name of Wife or
Husband

Harnett Hammond

Father's
Name

Isaac Hammond

Father's
Birthplace

Del

Mother's
Maiden Name

Annie Chance

Mother's
Birthplace

Del

Name of person giving
In formation

Richard Hammond

How related
to deceased

Son

CAUSES OF DEATH

Primary

Apoplexy

Heart

How long

2 days

Immediate

Same

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

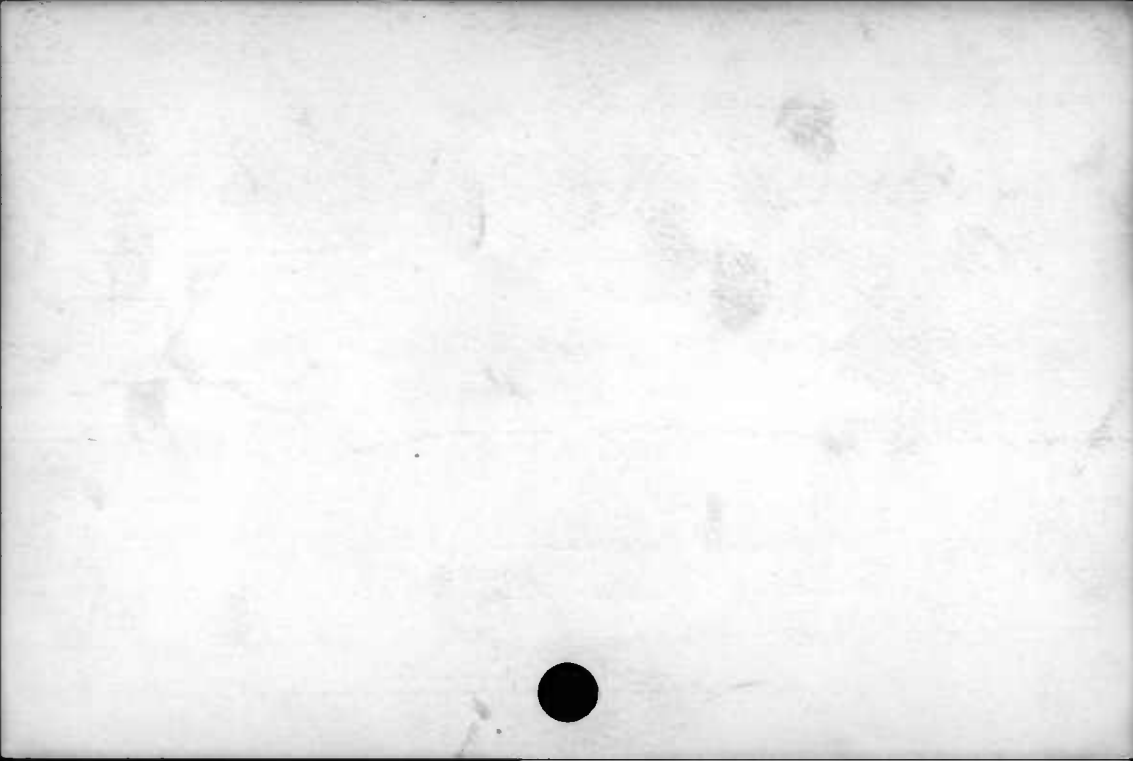
P. R. Fisher

Address

Denton Md

Accident or Suicide?

—



Name in Full

Certificate of Death

Name in Full *Jas H Kolt-*
 Died at *Hillsboro* Town *Caroline* County *MARYLAND*
 Date 19*02* Nov. *27* Month *27* Day *27* Y. *64* M. *3* D. *2* Native of *Ind* Occupation *Farmer-*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *3*
 Husband of *Grace Beaman Kolt deceased*
 Wife *Grace Beaman Kolt deceased*
 Father's Name *—* Mother's Maiden Name *—*
 Cause of Death { Primary *Tuberculosis* Immediate *Pneumonia.* How long sick *6 days.* Accident, Suicide, Homicide *27*
 Reported by *L. A. T. Miller*
 Address *Hillsboro Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>20</i>	Age <i>4</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth- place <i>md</i>		
Married, Single or Widowed <i>single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Jones</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Mary Morris</i>			Mother's Birthplace <i>md</i>		
Name of person giving In formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Paralysis</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalburg md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

August Kempf

Townd
TowndCounty
Caroline

MARYLAND

Died at

Date

of death 190

2

Month

Nov.

Day

26

Age

Years

36

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Germany

Married, ☒ ~~Single~~
~~Widowed~~

married

Occupation

Laborer

Name of Wife or
Husband

Mary E. Kempf

Father's
Name

Don't know

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
In formation

John H. Willoughby

How related
to deceased

Fathinlaw

CAUSES OF DEATH

Primary

Congestion of Lungs 95

How long

14 days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. L. Noble
Preston

Md. X

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Henry Porter - Jr.

Certificate of Death

Died at Burrsville Town Caroline County MARYLAND

Date 1912 24 12 4 Y. M. D. Age 80 Native of Delaware Occupation Farmer

Male White ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of —Wife of —Father's Name John PortMother's Maiden Name —

Cause of Death { Primary Consumption
 Immediate Nephritis

How long sick

1 month

Accident, Suicide, Homicide

Reported by Dr. J. M. L. L. L.Address Burrsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bridgetown</i> <i>County</i>		Coraline		MARYLAND	
Date of death 1902	Month <i>Nov.</i>	Day <i>25th</i>	Age <i>67</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Invalid</i>			
Name of Wife or Husband					
Father's Name <i>Joshua Chassee</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Ann</i>			Mother's Birthplace		
Name of person giving information			How related to deceased <i>27</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>Seven years</i>
Immediate	<i>Asthemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. Hackett</i>
		Address	<i>Queen Anne Ind.</i>
Accident or Suicide?			

Hickland

Name In Full

Certificate of Death

Thos Henry Seymour

Town

County

MARYLAND

Died at Federalburg Caroline Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

11

1

Age

Infant

Mrd

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name Geo Seymour Maiden Name

Mary Seymour

How long sick

Cause of Primary

Marasmus

10.5

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Geo E. Gallman M.D.

Address

Federalburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 28898



Name
in
Full

Francis Godwin Stevens

CERTIFICATE OF DEATH

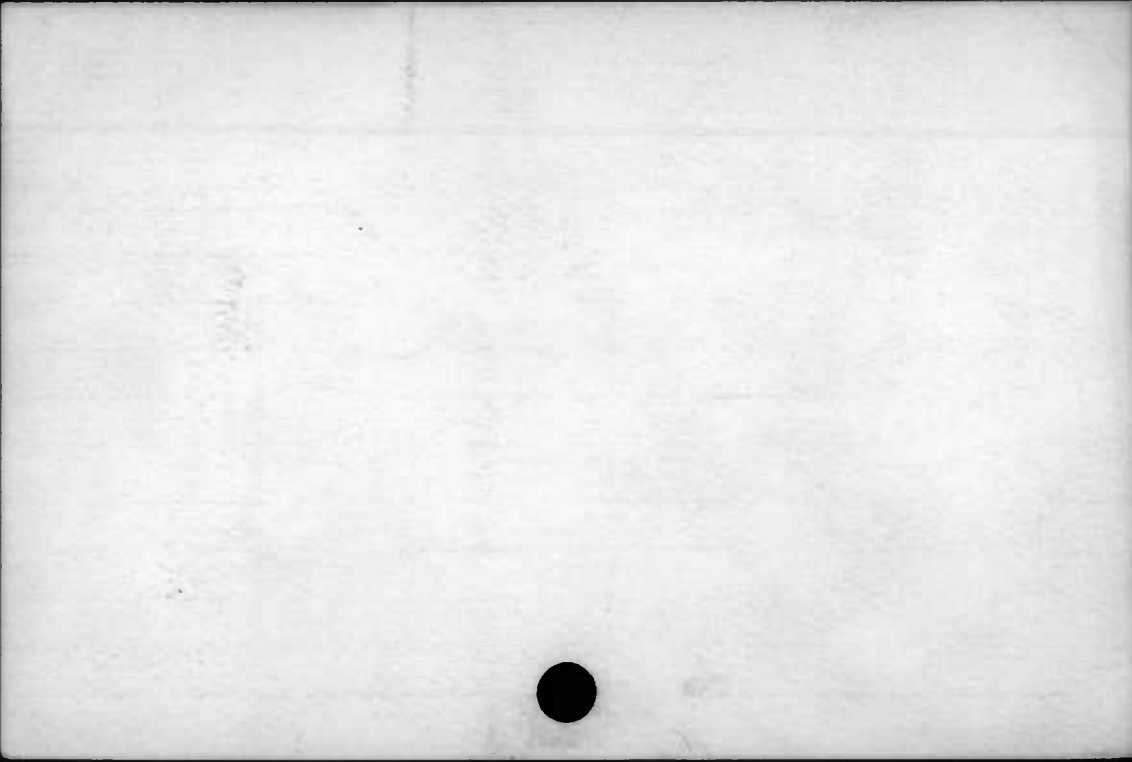
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Nov.</i> ^{Month}	<i>28</i> ^{Day}	Age <i>62</i> ^{Years}	<i>3</i> ^{Months}	<i>2</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Del.</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>Carpenter</i>		
Name of Wife or Husband <i>Sarah Emily Stevens</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Carroll Stevens</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>6 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death 190		2	Month	20	Day	80	Years	Months	13	Days
Sex		male		Color or Race		Colored		Birth-place		Maryland
Married, Single or Widowed		widower		Occupation		Carpenter				
Name of Wife - Husband		Jane Washington								
Father's Name		John Washington				Father's Birthplace		Maryland		
Mother's Maiden Name		Martin Horn				Mother's Birthplace		Maryland		
Name of person giving information		Son-in-law				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long	5 Months
Immediate	Heart Failure	How long	One month
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. L. Noble M.D.	
Address		Preston Md.	
Accident or Suicide?			

